Bureau of Professional Licensing
PO Box 30670 ● Lansing, MI 48909
(517) 241-0560
www.michigan.gov/bpl
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CERTIFICATION OF SPECIALTY PROGRAM OR COMPLETION

Authority: 1978 PA 368

This certification form must be submitted directly to this office by the hospital administrator where the specialty program was completed.

Section of Form to be Completed by Applicant:

Applicant's Name (First, Middle, Last)	Date of Birth
Name of Hospital	Date of Completion
Applicant's Signature	Date

Remainder of Form to be Completed by Hospital Administrator:

CERTIFICATION AND SIGNATURE

I certify the above named applicant has completed or will complete all requirements at the hospital named above by the stated date of completion. The applicant was granted or will be granted either a degree or certificate for the following specialty:

_____

_____ _____
Signature of Hospital Administrator Date

_____ (SEAL)
Print or Type Name and Title of Hospital Administrator